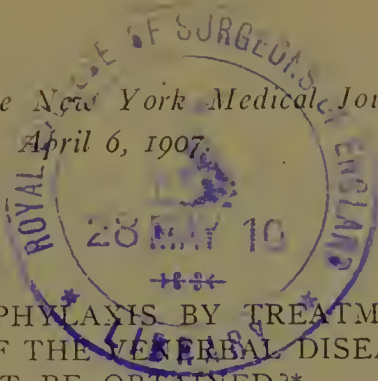


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HOW CAN PROPHYLAXIS BY TREATMENT IN
THE CASE OF THE VENEREAL DISEASES
BEST BE OBTAINED?*

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Whatever the measure of prophylaxis to be expected from treatment, it stands to reason that the more thorough the treatment the better the prophylaxis. The solution of the question which forms my part of the evening's subject must, therefore, be worked out along two parallel lines, namely: How to obtain thorough treatment in the private office; and how to obtain thorough treatment in the public clinic. The latter is the point of chief concern. To focus the discussion upon this point and to hope that the discussion may be productive, it will be necessary to assume that every man and every woman, whether professional or lay, who has undertaken or who will undertake to influence the health and happiness of human beings, the physician, the philanthropist, the settlement worker, yes, and the faddist whether he is ostensibly practising medicine or not, it will be necessary to assume that one and all accept as axioms: (1) That the venereal diseases are tangible entities; (2) that they constitute a formidable menace to the individual and the State; (3) that there is a crying need for prophylaxis; (4) that actual treatment, persistent and persevering, is a potent agent in prophylaxis; (5) that material medication, given or applied, plus obedience to the laws of general hygiene, constitute the only actual treatment; (6) that to

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impart instruction as to the serious nature of the venereal diseases, is a social duty which all are under moral, legal, and ethical obligation to fulfill.

Assuming, then, that these axioms have been accepted universally, the question how best to obtain prophylaxis by treatment in the case of private office patients will never cause a moment's concern, and will therefore be eliminated from this discussion; while the same question as to public clinic patients will have been reduced to an inquiry into (A) dispensary facilities and (B) hospital facilities, necessary to thorough treatment and prophylaxis. To give all the weight possible to my paper, permit me to say that I have based it largely on the writings of Fournier who, in a long experience, has given this subject much careful study and thought. I have aimed, however, to adapt his suggestions to American sentiments and have ventured to incorporate my personal observations.

(A) *Dispensary Facilities.* To advance the success of prophylaxis by treatment, we need more dispensaries and better facilities in those already established, all with provisions for carrying out the restrictions against dispensary abuse. Another paper, this evening, has dealt with that specific point, therefore no further comment is desired here. I may be permitted to say, however, that at present, in my experience, combatting the evil rests chiefly with the physician in the dispensary. He feels called upon in many cases to challenge the would be patient, thus taking from the already limited time allotted to treatment and teaching.

To everyone thoughtfully interested, whether from a medical, a philanthropic, or a sociological point of view, it must be obvious that more dispensaries are needed, each located accessibly in a district not already provided for. These should be general dispensaries under private or public control. Special dispensaries, i. e., for venereal dis-

eases, would defeat their own object by the unavoidable offensive publicity they would soon attract.

For convenience, the facilities needed in each dispensary may be taken up categorically under separate heads.

The Hour of the Clinic.—There should be an afternoon clinic and an evening clinic, both for men and for women, at least three times weekly (the men and women on alternate days), but six times weekly when the attendance demands it. An early afternoon clinic would accommodate the unemployed, would not interfere with their morning search for work, and would ease the strain on the evening clinic. The evening clinic should begin preferably at 7, admit patients for one hour, but remain in operation until 10 o'clock if necessary, the clinical staff doing duty in two divisions to avoid obliging any member to remain longer than an hour and a half. (It is understood that any patient under fifteen years of age should be referred to the medical clinic for children where, if necessary, he or she could be seen in repeated consultation by a member of the staff in venereal diseases, whose duty it should be to instruct the guardian in the details of prophylaxis.)

The Waiting Room.—There should be a special waiting room attached to the suite of rooms devoted to the venereal clinic and the patients should be allowed to pass to it without detention in the general waiting room.

The Consultation Room.—This should either be large enough to so accommodate an increasing staff of clinical assistants that each may be consulted at least semiprivately by the patient before him, or there should be a series of small consultation rooms. Of the value of privacy in the clinic consultation room Fournier makes a strong point. It encourages the timid and diffident to seek advice, it lends

to the dignity of the clinic, and it fosters careful treatment.

The Staff.—The staff should consist of a chief and as many clinical assistants as may be necessary in his judgment to complete the work of the clinic in an orderly and professional manner within the time limit. The clinical assistants should hold an official appointment from the institute of which the dispensary is a part or a branch, and their attendance should be made a matter of record and report. By way of return for their services, applicants for treatment at the clinic and able to pay should be referred to the private office of each clinical assistant in rotation, without favor, by the proper officer at the application desk. At least half the number of clinical assistants in the clinic for women should be women physicians, holding official appointments with the same responsibilities and privileges as the men physicians.

The routine work of duty in a clinic often becomes a drudgery to the recent graduate, especially when performed in the evening after a day's work at building up a private practice upon which he must depend for support. But if this or some similar system were not only introduced, but also carried out, by which the clinical assistant could feel that he was a factor in the personnel of the dispensary and of its parent institute; that his work had a value and a dignity in the opinion of the governing body, and that his growing experience received recognition in the form of patients referred to him for treatment at his office, then would his clinical duty be less a drudgery and more a pride, thus adding to the prestige of the institute that appointed him. A dispensary run on these lines, especially if equipped for giving careful, detailed, scientific treatment expeditiously, would attract desirable men who would learn as well as treat and teach. Thus would be created a growing number of young prac-

tioners with knowledge and skill in the treatment of the venereal diseases, and the office of each would become a subcentre for prophylaxis by treatment. Many a clinical patient challenged as to his right to attend, declares that the "private doctor" he went to did not know how to treat him. Granting that the patient expected too much of the physician, was there not an avoidable error on the part of that physician in having failed to instruct his patient as to the nature and prognosis of the disease? The vicious circle is obvious.

Orderlies.—They should be paid sufficient to attach them to the clinic and to inspire their personal interest. They should have the care of, and be responsible for the instruments, supplies, and equipment. Not more than ten hours a day should be expected of them. During the morning they could do duty in the medical wards; between the afternoon and evening clinics they should be allowed an interval for recreation to fit them for the evening's work. A system of substitutes should be arranged to secure for them at least one night off a week when the clinic is held every night. An annual vacation should be similarly arranged. Possibly no one who has not had practical experience can appreciate the time saving value of an intelligent orderly who has remained not only to be trained, but also to practise the training. Furthermore, he has an undoubted influence in attracting patients through his able assistance in expediting the work of the clinic. It may not be too Utopian to add that eventually, by arrangement with the Mills Training School, its pupils could serve a specified time in the different clinics in rotation as a part of their training in venereal and genitourinary diseases and their prophylaxis.

Nurses.—The present system of having undergraduate nurses in attendance at the gynæcological clinics needs no elaboration. There will remain

only the detail of extending it to the venereal clinic proper, in both the attached and detached dispensaries controlled by the hospital of training.

Equipment, Instruments, and Supplies.—These should be furnished and maintained by the hospital or institute of which the dispensary is a part or a branch, and should imitate those of a private office devoted to venereal diseases and genitourinary surgery. The orderly in the men's clinic, the senior nurse in the women's clinic, should have the care of these and be responsible for them. A well appointed, well sustained clinic is obviously a greater power in prophylaxis by treatment than its opposite. An important detail of the equipment should be printed slips, stating the nature and danger of the venereal diseases, the rules to be observed during treatment, and the rules for prophylaxis. Such a slip, covering the three diseases, should be given to every patient.

(B) *Hospitals.*—The question of hospital isolation of venereal patients need not come up for discussion. The fact that any such plan would defeat its chief purpose, and the fact that hospital treatment is needed only in exceptional cases, should be a sufficient veto. We need concern ourselves only with the exceptional cases. Though few, they are already in excess of the available hospital accommodations. As far as I know, all the general hospitals, excepting those under the control of the city, refuse patients in the active stages of venereal disease. Among the private hospitals, those that admit such patients, admit them under protest or only when an operative emergency is present or threatens.

The attention of boards of governors and other bodies in control of hospitals should be called to this deficiency and that, from the humanitarian point of view, there is need for relief, not only for the sake of the infected patient, but also for the sake

of the immediate community and the State. The different bodies in control of general hospitals should be appealed to most urgently; it is in their power to lend very substantial aid in the prophylaxis of venereal diseases.

In the *public* hospitals, one ward for men and one for women, should be set apart somewhat removed from the general wards. The orderlies and the nurses, respectively, in these wards should be responsible to a member of the house staff, he, in return, to a specially appointed board. The venereal wards would not be regarded with curiosity after the first few weeks; they would soon be accepted as an integral part of the hospital, as at Bellevue Hospital to-day.

If the criticism be made that this would multiply the duties of the house staff and increase the detail of the hospital management, let it be noted that the house staff has been increased in some hospitals and that it should be increased in all. Every house staff to-day has more work than is good, either for it or for the service. A periodic increase in every house staff to meet the ever growing demands would be no more than consistent with the modern idea of progress.

In a *private* hospital a man patient could be practically isolated with a graduate from the Mills Training School, who would carry out all the detail necessary to safeguard the neighboring patients. This has been done in my own practice with satisfactory results and without unduly disturbing the accustomed discipline and routine of the private hospital. Still easier would this be in the case of a woman patient whose special nurse would be detailed from the hospital's corps of women nurses.

The criticism that these suggestions as applied to dispensaries and public hospitals entail great expense may be anticipated. It is realized that to carry out any suggestion would require time, but

while contemplating the greater, why not put into operation the lesser? Let the facilities in the dispensaries and hospitals already established be increased and improved at once. Let the expense be met by an annual legislative appropriation, forced, if necessary, by an aroused public sentiment. If the physicians here and abroad have found it necessary to warn the people against the ravaging danger of venereal disease, it is not too much to ask the people to aid in protecting themselves by providing themselves with immediately available defences in the form of more and improved centres of treatment and teaching, the potent aids in prophylaxis.

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